

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALTY REVIEW	SA	SC1039	9/10/01
RESPONSE FORMALTY REVIEW	H-1	1024	12/13/01
	LC	1024	4-8-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	11/1/02
2	2	2	7/10/04
3	3	3	7/10/04
7	4	4	7/10/04
11	5	5	7/10/04
9	6	6	7/10/04
10	7	7	7/10/04
8	8	8	7/10/04
4	9	9	7/10/04
5	10	10	7/10/04
12	11	11	7/10/04
22	12	12	7/10/04
13	13	13	7/10/04
23	14	14	7/10/04
21	15	15	7/10/04
17	16	16	7/10/04
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26	25	25	7/10/04
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29	28	28	7/10/04
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50	49	49	7/10/04

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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12/13/01  
 4/8/02  
 5/30  
 10-10-01  
 956